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APPLICANTS

Matthew W. Weismiller, Batesville, IN;

** CONTINUING DATA *****

This application is a CON of 09/736,100 12/13/2000 PAT 6,691,350
 which claims benefit of 60/170,304 12/13/1999

O.K.R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	IN	2	27	4
Examiner's Signature <i>Robert R. G. S.</i>	Initials			

ADDRESS

25267
 BOSE MCKINNEY & EVANS LLP
 135 N PENNSYLVANIA ST
 SUITE 2700
 INDIANAPOLIS , IN
 46204

TITLE

Accessories for a patient support apparatus

FILING FEE RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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